Appendix 1. Standard Operating Procedure (SOP) for the assessment and feedback of chest radiographs. [posted as supplied by author]

As indicated on the GRACE chest radiograph Requisition Form the following questions should be answered regarding each chest radiograph:

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F. Date chest radiography _ _ / _ _ / _ _ _ _
Day Month Year

G. Chest radiograph of sufficient quality? ☐ Yes: ☐ No:

H. Consolidation ☐ Yes: ☐ No:

If yes: ☐ Right: ☐ Left:

I. Pleural effusion ☐ Yes: ☐ No:

J. Interstitial pattern/infiltrate ☐ Yes: ☐ No:

K. Diagnosis ☐ Normal chest radiograph
☐ Acute bronchitis
☐ Bronchopneumonia
☐ Lobar pneumonia
☐ Other, please specify:……..

L. Other remarks: …….

As indicated in the GRACE protocol the following definitions should be used when answering these questions:

A. Consolidation: a dense of fluffy opacity that occupies a portion or whole of a lobe or of the entire lung that may or may not contain air bronchograms

B. Pleural effusion: fluid in the lateral pleural space and not just in the minor oblique fissure

C. Interstitial pattern/infiltrate:

C1: a lacy pattern involving both lungs featuring peribronchial thickening and multiple areas of atelectasis.

C2: minor patchy infiltrates that are not of sufficient magnitude to constitute primary end point consolidation and small areas of atelectasis that may be difficult to distinguish from consolidation.

The results of chest radiography should be send immediately to the family physician if consolidation (A), pleural effusion (B) or infiltrate as described under C1 is present. All other categories of results should not be communicated to the FP, unless the patient or the FP stops participation of the patient in the study. Also if radiographic changes suggestive of a neoplastic lesion or other major abnormalities are seen on chest radiography the family physician should be informed immediately.